



Water Resources Program

Request for Determination of Water Budget Neutrality

SURFACE WATER
Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT		
Applicant/Business Name: George Chrysanthakopoulos	Phone No: 206-938-1458	Other No: 206-383-1424
Address:1634 Palm Avenue South West		
City: Seattle	State: WA	Zip:98116
Email Address (optional): georgechrysanthakopoulos@live.com	1	
Contact Name (if different from above): Jason McCormick Project Manager, Washington Water Trust	Phone No: 509.607.3513	Other No: 509,925,5601
Relationship to Applicant: Consultant to the Estate of Harry Ma		307474343001
Address: 103 East 4th Avenue, Ste 203		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): jason@washingtonwatertrust.org		
Section 2. STATEMENT OF INTENT Briefly describe the purpose of your proposed project: 1,692 squares	uare feet single family v	racation home
Anticipated length of time to complete your project: 6 months Is this for an existing use, established prior to July 16, 2009? X If yes, when was the water first regularly and beneficially used? well		been using
For Ecology Use Fee Paid: Check No:		SEPA: Exempt/Not Exempt 01-WR1-0285-000011
Date Returned By Priority Date 08-16-2	2013 By W	RIA-39 KLYT

Water Use: List all proposed to lawn or commercial garden, mu Domestic and lawn or	-	, stock water	7.0	-	domestic, group domestic,
Purpose(s) of Use	Rate (check one Cubic Feet per Se	Total Wate in Acre-Fe Year (AF/Y known)	et per	Period of Use (Continuously or Seasonal)	
Domestic	10 gpm		0.392		Continuously
Lown or connectal goden			0.022		Seasonal
TOTAL:			0,414		
located at: http://www.ecy.wa.gov/programs/v Section 3. POINT OF I Complete A or		R WITH	DRAWAI	L	
A.) If Surface Water Source	B.)	B.) If Ground Water Source			
Spring Creek Rive		Do you have an existing well? YES NO Well(s) Other:			
Source Name: Tributary to: Number of proposed diversion	— If a	Existing well diameter & depth: (° × 565) If available, attach Water Well Report and pump test. Well Tag ID No			
Do you have an existing diversi	on? YES NO	Nur	nber of propo	osed poir	ats of withdrawal:
C.) Point of Diversion/With	drawal – Legal D	escription			
Parcel No. 1/4	1/4 Section	Township	Range		County
346136 WY	Block(s)	2010	17E Subdivision	Kily	itas
If available, GPS (Global Positioning System) device loc			Seaconsfield Short Plat		
Latitude:N Datum and units (for example N	Longitude:	w	,	(rec	united for all GPS locations)
If known, enter the distances in Feet (North Sou	feet from the point of	of diversion	or withdrawa		

from the (NW SW NE SE) corn	er of Section
	al, attach additional information on a separate sheet of paper required for all existing wells proposed for use under this
e sure to include a complete copy of the plat map, isted in Section 3 matches the well location on the	diversion/withdrawal and place of use. If platted propert. Please ensure that the well location and parcel number site map and on the well log. If there are any differences of paper. Unclear well locations may cause delays in
Section 4. WATER SYSTEM INFORMATION Complete A or B, C, D, E and F b	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: One	Present population to be served water:
Type of connections : Vacation home (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the V Division? YES NO If yes, date plan was approved// Name of water system:	Washington State Department of Health, Drinking Water Water System Number:
Are you within the service area of an existing water	system? YES NO
If yes, explain why you are unable to connect to the	system:

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic

E.) Sanitary Sewer Syst	tem		
Will domestic wastewater	be discharged to a sanitary sewer syste	m? YES NO	
If yes, please provide a cop	by of the sewer utility agreement that s	erves the proposed p	project.
F.) Irrigation			
Total number of acres requ	ested to be irrigated under this applica be irrigated on your attached map.		cres or SOO square feet 43,560 square feet)
Section 5. MITIGA	TION		
Parker. Have a priority date Be eligible to be us A) Existing Trust Water	l or greater amount to Yakima River flee earlier than May 10, 1905. The defor instream flow protection and make the results of the results o	itigation of out-of-p	
Water Right No.	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
CS4-01467@11sb3a	0.335 cfs - 05/01-09/15 0.045 cfs - 09/16-04/30	49.035 af/yr - 05/01-09/15 0.075 af/yr - 09/16-04/30	June 30, 1883
	TOTAL:	110 11	
	IVIAL;	149.11	
			e as mitigation.
Please identify the pend	r Right Application		e as mitigation. Priority Date
B) Proposed Trust Water Please identify the pend Water Right No.	r Right Application ding application(s) to place a water rigitation (check one box only) Cubic Feet per Second (CFS)	Acre-Feet per Year (AF/YR) (If	

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation



Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lot 1, of BEACONSFIELD SHORT PLAT, Kittitas County Short Plat No. 93-07, as recorded September 14, 1993, in Book D of Short Plats, pages 62 and 63, under Auditor's File No. 563319, records of Kittitas County, State of Washington; being a portion of the West Half of Section 31, Township 20 North, Range 17 East, W.M., in the County of Kittitas, State of Washington.

PART OF THE W 1/2 OF SECTION 31, T. 20 N., R. 17 E., W.M. KITTITAS COUNTY, WASHINGTON

1/4	1/4	Section	Twp.	Range	County	Parcel No.
W/2		31	2010	IZE	Kittitas	346136

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

GEORGIOS CHRYSANTHA	Notans ixal	2 8/8/2013
Print Name (Applicant or authorized representative)	Signature	Date
Print Name (Land Owner, if seeking to use the ground water e	Signature xemption)	Date

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452